放疗联合Keytruda、GM-CSF治疗晚期结肠癌1例报道并文献复习

《现代肿瘤医学》[ISSN:1672-4992/CN:61-1415/R] 期数: 2019年04期 **页码:** 623-626 **栏目:** 论著（消化·泌尿系肿瘤） **出版日期:** 2019-01-08

Title: One case report of advanced colon cancer treated with radiotherapy combined with Keytruda,GM-CSF and literature review

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关键词: 结肠癌; 放疗; Keytruda; GM-CSF

Keywords: colon cancer; radiotherapy; Keytruda; GM-CSF

分类号: R735.3+5

DOI: 10.3969/j.issn.1672-4992.2019.04.020

文献标识码: A

摘要: 目的：探讨放疗与PD-1抑制剂Keytruda、粒细胞-巨噬细胞集落刺激因子(granulocyte-macrophage colony stimulating factor,GM-CSF)三者联合治疗晚期结肠癌的疗效及相关不良反应，以提高临床医师对放疗与免疫治疗联合的认识。方法：总结1例男性晚期结肠癌并皮下多发转移及骨转移患者，对靶向治疗不敏感且拒绝化疗，为减轻腰椎疼痛及防止皮下肿块破溃，给予腰椎骨转移灶及右侧腹壁、左大腿根部皮下两个结节（直径约2.5 cm和3 cm）放疗，右侧腹壁肿块瘤周皮下给予GM-CSF（200 μg qd），全身给予Keytruda（100 mg ivgtt d1)治疗。观察其病情演变及转归，并复习相关文献。结果：治疗后可观察到全身皮下肿块逐渐缩小，腰椎疼痛缓解，但血小板出现迅速、不可逆性下降。结论：放疗与PD-1抑制剂Keytruda、GM-CSF三者联合治疗晚期结肠癌疗效显著，但需警惕其免疫相关性不良反应。

Abstract: Objective:To discuss the effect and adverse reactions of radiotherapy combined with Keytruda and GM-CSF for advanced colon cancer，and to improve the understanding of radiotherapy combined immunotherapy for clinicians．Methods：The authors describe a male patient of advanced colon cancer with bone and multiple-subcutaneous metastasis who was not sensitive to targeted therapy and refused to chemotherapy.To relieve the pain of lumbar spine and prevent the rupture of the subcutaneous metastasis,we gave radiotherapy to lumbar spine and two subcutaneous metastasis on the right side of the abdominal wall and left thigh (diameter is about 2.5 cm and 3 cm),and subcutaneous injected GM-CSF (200 μg qd) to the right side metastasis of the abdominal wall,at the same time giving Keytruda (100 mg ivgtt d1) treatment.We report the disease evolution and outcome after treatment，and review the related literature．Results：After the treatment,the subcutaneous metastasis was gradually reduced,and the pain of the lumbar spine relieved,but the platelets declined rapidly and irreversibly．Conclusion:The effective of radiotherapy combined with Keytruda and GM-CSF is significant,but we need pay more attention to immune related adverse reaction.

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备注/Memo: -

更新日期/Last Update: 1900-01-01